

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 608979

1. Entity Name

DEVICES FOR MEDICINE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90043 019 ***158.75

Principal Place of Business

255 S ORANGE AVE STE 1401
P O BOX 3791
ORLANDO FL 32802
US

Mailing Address

255 S ORANGE AVE STE 1401
P O BOX 3791
ORLANDO FL 32802-3791
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ALLEN, HERBERT L.
255 S ORANGE AVE STE 1401
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WOOTEN, COUNCIL JR.	
STREET ADDRESS	236 S LUCERNE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, HERBERT L	
STREET ADDRESS	255 S ORANGE AVE STE 1401	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	LITTLEFORD-HANSON, RUTH T	
STREET ADDRESS	1500 BONNIE BURN CIR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LITTLEFORD, ELIZABETH H.	
STREET ADDRESS	50 W 9TH ST #3C	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Ruth T. Littleford-Hanson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/2000 (407) 841-2337

00004132



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1878911

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required